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PATENT APPLICATION

Applicant(s): Ted Chongpi Lee
Case: Chi 1-1-5-1 (LCNT/122323) Confirmation No.: 9817
Serial No.: 09/650,287 Filed: August 29, 2000
Examiner: Beatriz Prieto Group Art Unit: 2142
Title: METHOD AND APPARATUS FOR NETWORK LOAD-BALANCING

AMENDMENT

CERTIFICATE OF MAILING OR TRANSMISSION	
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9/15/04 Date	<i>C. Wilson</i> C. W. Ison

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

In response to the Office Action (Mail Date 7) mailed June 24, 2004,
please amend the above identified patent application as follows.

PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/850,287	RECEIVED CENTRAL FAX CENTER SEP 15 2004
	Filing Date	8/29/00	
	First Named Inventor	Lee	
	Art Unit	2142	
	Examiner Name	Beatriz Prieto	
Total Number of Pages in This Submission	11	Attorney Docket Number	Chi 1-1-5-1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to Deposit Account No. 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Eamon J. Wall, Reg. No. 39,414 Moser, Patterson & Sheridan, LLP	
Signature	<i>E. J. Wall</i>	
Date	9/15/04	

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Signature	<i>C. W. /son</i>	Date	9-15-04

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